



Zoning Verification Letter

PROCESS GUIDE & APPLICATION

City of Buckeye
Development Services Department
530 East Monroe Ave
Buckeye, Arizona 85326

Phone: 623.349.6211

Fax: 623.349.6222

www.buckeyeaz.gov

APPLICATION PROCEDURES

Zoning Verification Letter

Important Information:

- **The City of Buckeye now accepts all submittals/resubmittals and payments electronically. Please follow process on the Planning and Zoning webpage. Resubmittals can be directed to the submittal contact found on the Planning & Zoning webpage.**
- The purpose of a zoning verification letter is to confirm the zoning and allowed uses for a single parcel or project.
- Zoning verification letter applications may be submitted via e-mail to planningandzoning@buckeyeaz.gov. Applicants submitting via e-mail will be contacted by a Planning Technician to collect payment by phone. Note: The City of Buckeye does not accept American Express as payment.
- **Please note that a Certificate of Occupancy, open zoning violations, and/or plans previously submitted/approved for a particular parcel will only be disclosed through a separate Public Records Request managed by the Office of the City Clerk. The Public Records Request form is available on the City of Buckeye website.**
- The fees for Zoning Verification Letter are listed on the User Fee Worksheet found on the Planning and Zoning Website at <https://www.buckeyeaz.gov/business/development-services/planning-zoning> under the "Updated Process Guides, Applications and Documents" drop-down under the "Fee Worksheet" section.

The following information is provided to assist in the preparation and submittal of a request for a Zoning Verification Letter (ZVL) for property within the City of Buckeye.

1. *Application Filing* – For a request to be accepted, the applicant must provide all of the required information described on the submittal checklist at the time of submittal. It shall be the responsibility of the applicant to ensure the accuracy and completeness of the request. Applications received after 4:00 p.m. will be processed the next business day. Incomplete submittals will NOT be accepted.
2. *Staff Review* – Once a complete application is received and processed, the submitted information will be assigned to a Planner who will review the request and draft the letter; **this process takes approximately 8 business days.**

SUBMITTAL CONTENT REQUIREMENTS (PDF FORMAT)

1. **Application** (8.5" x 11" PDF, completed and signed)
2. **Fee Worksheet** (8.5" x 11" PDF, completed and signed)
3. **Written Request** (8.5" x 11" PDF)
 - Description of request including address and parcel(s) related to request
 - Any additional zoning information requested to be included in the letter
4. **Additional Material** (PDF Format) – The Development Services Department may request additional submittal items.

Zoning Verification Letter Submittal Checklist

(Please provide original list with formal submittal)

<u>REQUIRED MATERIALS (PDF Format)</u>	Applicant Checklist	Staff Verification
Application (8.5" x 11" PDF, completed and signed)	<input type="checkbox"/>	<input type="checkbox"/>
Fee Worksheet (8.5" x 11" PDF, completed and signed)	<input type="checkbox"/>	<input type="checkbox"/>
Request Letter (8.5" x 11" PDF)	<input type="checkbox"/>	<input type="checkbox"/>
Additional Material (PDF Format) (if requested)	<input type="checkbox"/>	<input type="checkbox"/>



City of Buckeye
Planning and Zoning

DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY

Date: _____ Planner: _____ Case No: _____

PROPERTY INFORMATION:

Project Name: _____ Associated Cases: _____
Project Address/Location: _____
Current Zoning District: _____ Parcel Number(s): _____ Quarter Section: _____
Request: _____

CASE TYPE: Zoning Verification Letter for: _____

**IMPORTANT
NOTE ABOUT
PROJECT
CONTACT(S):**

The property owner shall designate an agent as the coordinator for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

APPLICANT/OWNER AUTHORIZED AGENT INFORMATION:

Name: _____
Company: _____
E-mail: _____
Business Phone: _____ Home Phone: _____
Mobile Phone: _____ Other Phone: _____
Fax: _____
Address: _____ City: _____
State: _____ Zip: _____ Address Type: Physical Mailing
Contact Preference: Email Business Phone Home Phone
 Mobile Phone Other Phone Address

SECONDARY APPLICANT CONTACT INFORMATION:

Name: _____
Company: _____
E-mail: _____
Business Phone: _____ Home Phone: _____
Mobile Phone: _____ Other Phone: _____
Fax: _____
Address: _____ City: _____
State: _____ Zip: _____ Address Type: Physical Mailing
Contact Preference: Email Business Phone Home Phone
 Mobile Phone Other Phone Address

OWNER INFORMATION:

Company: _____ **E-mail:** _____ **Business Phone:** _____
Home Phone: _____ **Mobile Phone:** _____ **Other Phone:** _____ **Fax:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Address Type: Physical Mailing **Preferred Contact Method:** Email Business Ph. Home Ph. Mobile Ph. Other Ph. Address

ACKNOWLEDGEMENT:

Owner Signature

Date

Applicant Signature

Date

Development Services Department

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